"FEE ADDRESS" INDICATION FORM

Address to:	Fax to:
Mail Stop M Correspondence	571-273-6500
Commissioner for Patents - OR -	
P.O. Box 1450	
Alexandria, VA 22313-1450	

INSTRUCTIONS: The issue fee must have been paid for application(s) listed on this form. In addition, only an address represented by a Customer Number can be established as the fee address for maintenance fee purposes (hereafter, fee address). A fee address should be established when correspondence related to maintenance fees should be mailed to a different address than the correspondence address for the application. **When to check the first box below:** If you have a Customer Number to represent the fee address. **When to check the second box below:** If you have no Customer Number representing the desired fee address, in which case a completed Request for Customer Number (PTO/SB/125) must be attached to this form. For more information on Customer Numbers, see the Manual of Patent Examining Procedure (MPEP) § 403.

For the following listed application(s), please recognize as the "Fee Address" under the provisions of 37 CFR 1.363 the address associated with

[✓] Customer Number: **50446**

OR

[ ] The attached Request for Customer Number (PTO/SB/125) form.

PATENT NUMBER (if known)	APPLICATION NUMBER
	10/555,061

Completed by (check one):	
[ ] Applicant/Inventor	*Brittany La*
	Signature
[✓] Attorney or Agent of record _58,537_ (Reg. No.)	Brittany La
	Typed or printed name
[ ] Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96)	973-912-5232
	Requester's telephone number
[ ] Assignee recorded at Reel _____ Frame_____	*March 30, 2009*
	Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

[ ] *Total of _____ forms are submitted.*